

**ARIZONA DEPARTMENT OF HEALTH SERVICES**  
**Office of Child Care Licensing**

**MEDICATION CONSENT FORM - FORMA DE CONSENTO de MEDICINA/LISTA**

**Re:** \_\_\_\_\_  
**(first and last name of child - primer y ultimo nombre de nino)**

I/You, \_\_\_\_\_, give permission  
(parent/guardian - padre/guardion)

to administer/a administra \_\_\_\_\_ of/la \_\_\_\_\_  
(dose - medio de medicina) (name of medication - nombre de medicina)  
by/por \_\_\_\_\_  
(Method of giving dosage - moda de dar)

**RX#/numero de medicina** \_\_\_\_\_ **to my child at/a mi nino a** \_\_\_\_\_  
**(time/frequency-hora de dar)**

from/de \_\_\_\_\_ to/hasta \_\_\_\_\_ for/por \_\_\_\_\_ .  
(date - fecha) (date - fecha) (reason for medication - razon por medicina)

#### **POSSIBLE SIDE EFFECTS TO WATCH FOR WITH THIS MEDICATION:**

#### **POSIBLES EFECTOS A MIRAR POR ESTA MEDICINA:**

**\* Injections: Attach physician's written authorization.**

(signature of parent - firma de padre/gardion)

(date - fecha)

\*\*\*\*\*

**FOR STAFF REVIEW PRIOR TO ADMINISTERING MEDICATION:**

**YES**

NO

- Is the medication consent form complete?
  - Is the original prescription label on the medication container or prepackaged and labeled for use by manufacturer?
  - Is the full name of the child on the container?
  - Is the prescription or over-the-counter medication current?
  - Is the dose, name of drug, frequency of administration given on label consistent with instructions above?

**Staff initials:** \_\_\_\_\_

***Please use the second page to document administration of the medication.***

This document is a translation from original text written in English. This translation is unofficial and is not binding on this state or a political subdivision of this state.

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